## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT**

FOLL	OW	1142	IKUC	HON2

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  1988 60960  CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Illinois (Cook)



Doc# 2026822074 Fee \$93.00

RHSP FEE:S9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

and will not fit in line 1b. leave all difficulty (a)cinc, check here and provide the individual Oxfori information in item 10 of the Financing Statement Additional (Form UCC1Ad)  Ta. ORGANIZATION'S NAME  To. INDIVIDUAL'S SURNAME  MARTESE  MALING ADDRESS 7330 THORNWOOD ST  City  HANOVER PARK  IL  GOT3  DEBTOR'S NAME: Provide only gag Declor name (2 or 20) (use exact, downward, on not only, mostly, or aborevaire any part of the Debtor's name); if any part of the Individual Debtor's name (2 or 20) (use exact, downward) in the fit in line 2b, leave all of item 2 blank, check here and provide in 9 individual Debtor information in tem 10 of the Financing Statement Additional Form UCC1Ad)  Ta. ORGANIZATION'S NAME  To. INDIVIDUAL'S SURNAME  POSTAL CODE  OUNTRY  STATE  POSTAL CODE  COUNTRY  STATE	1988 60960			RECORDER OF		
DEBTOR'S NAME Provide only _02 Cettor name (in or to) (use exact, full name, do not only, modify, or abbreviete any past of the Debtor's name), if any part of the Individual Debtor's name in that in in its 1, was et all death (filtery, creat have	801 Adlai Stevenson Drive				-	
Table Part Y'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Cardy name (as or ab)  SECURED PARTY NAME (or NAME of ASSIGNOR SECURED P	DEDTOD'S MANE. Out the Table ages (to a th) (see ages) to	(I name: de net emit e				
R TO INDIVIDUALS SURNAME  JONES  MARTESE  L  MARTESE  L  MARTESE						
JONES	1a. ORGANIZATION'S NAME					
JONES	RITE INDIVIDUAL'S SURNAME	TEIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	ISUFFIX
HANOVER PARK   IL   60133   USA		1		L		
The control of the co	MAILING ADDRESS 7330 THORNWOOD ST	1.	PARK			<b>I</b>
Za ORGANIZATIONS NAME  Za INDIVIDUAL'S SURNAME  E. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only gas Secured Carty name (3a of 3b)  3a. ORGANIZATION'S NAME Foundation Finance Company LLC  2b. INDIVIDUAL'S SURNAME  E. MAILING ADDRESS 10101 Market Street Suite B100  CITY  Rothschild  CITY  Rothschild  COLLATERAL This squared statement spees the following collateral:  MARTESE L. JONES 7330 THORNWOOD ST  HANOVER PARK, IL 60133  Check gaty if applicable and check gaty one box:  Check gaty if applicable and check gaty one box:  A Debtor is a Transmitting Unity  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Unity  A productival Lies   Non-UCC Finang    A Deptor is a Transmitting Unity  A productival Lies   Non-UCC Finang    A Debtor is a Transmitting Unity      Non-UCC Finang    A Debtor is a Transmitting Unity      Non-UCC Finang    A Debtor is a Transmitting Unity      Non-UCC Finang    A Debtor is a Transmitting Unity      Non-UCC Finang    A Debtor is a Transmitting Unity      Non-UCC Finang    A Debtor is a Transmitting Unity      Non-UCC Finang    A Debtor is a Transmitting Unity      Non-UCC Finang    A Debtor is a Transmitting Unity    A Debtor is a Transmit Unity    A Debtor is a Transmit Unity    A Debtor is a	· · · · · · · · · · · · · · · · · · ·					
R 26 INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(SVINITIAL(S)   SUFFIX    26 MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUNTRY    36 ORGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNEE of ASSIGNEE PARTY): Provide only one Secure Party name (3a or 3b)    37 ORGANIZATION'S NAME   FIRST PERSONAL NAME   ADDITIONAL NAME(SVINITIAL(S)   SUFFIX    27 MAILING ADDRESS 10 10 1 Market Street Suite B100   CITY   Rothschild   STATE   POSTAL CODE   COUNTRY    28 MAILING ADDRESS 10 10 1 Market Street Suite B100   CITY   Rothschild   STATE    37 MARTIESE L JONES   SATATE   POSTAL CODE   COUNTRY    38 MARTIESE L JONES   SATATE   SATATE   POSTAL CODE   COUNTRY    39 MARTIESE L JONES   SATATE   SATATE   SATATE    30 THORNWOOD ST   P 2   SATATE    30 THORNWOOD ST   P 3   SATATE    30 THORNWOOD ST   P 3   SATATE   SATATE    30 THORNWOOD ST   P 3   SATATE   SATATE   SATATE   SATATE    30 THORNWOOD ST   P 3   SATATE   SATA		e i le Fidividual Debio	- I I I I I I I I I I I I I I I I I I I	or the rittalicing of	atement Addendari (Form C	
C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only too Security Party name (3a or 3b)  Sa. ORGANIZATION'S NAME Foundation Finance Company LLC  By Sa. INDVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  AGDITIONAL NAME(SYNNITIAL(S))  SUFFIX  COUNTRY  Rothschild  CITY  Rothschild  CITY  Rothschild  STATE  POSTAL CODE  COUNTRY  USA  COLLATERAL: This financing statement covers the following collateral:  MARTESE L JONES  MARTESE L JONES  ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only too Security Party name (3a or 3b)  SUFFIX  COLLATERAL: This financing statement covers the following collateral:  MARTESE L JONES  AND  S. M.  M. H.  S. M.  M. H.  S. C. Y.  E. N.  Check golly if applicable and check golly one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Decedent's Personal Representative  a. Check golly if applicable and check golly one box:  Deling administered by a Decedent's Personal Representative  So. Check golly if applicable and check golly one box:  Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing		'				
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only 2018 Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME Foundation Finance Company LLC  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS 10101 Market Street Suite B100  CITY Rothschild  CITY Rothschild  CITY Rothschild  STA 6  WI  STA 6  WI  STA 74  USA  COLLATERAL: This financing statement covers the following collateral:  MARTESE L JONES 7330 THORNWOOD ST HANOVER PARK, IL 60133  P 2  S M  M 4  SC 47  E. N  Check 2019 if applicable and check 2019 one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative  6b. Check 2019 if applicable and check 2019 one box:  Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility  Applicable and check 2019 one box:  Applicable and	R 25. INDIVIDUAL'S SURNAME	FIRST PERFONN	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS 10101 Market Street Suite B100  CITY Rothschild  CITY Rothschild  COUNTRY USA  COUNTRY USA	c. MAILING ADDRESS	CITY	<b>/</b>	STATE	POSTAL CODE	COUNTRY
38. ORGANIZATION'S NAME Foundation Finance Company LLC  25. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS 10101 Market Street Suite B100  CITY Rothschild  COLLATERAL: This financing statement covers the following collateral:  MARTESE L JONES  7330 THORNWOOD ST HANOVER PARK, IL 60133  S Y  E N  M 9  SC 9  Check gnly if applicable and check goly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative  16. Check gnly if applicable and check goly one box:  17. Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmiting Utility Agricultural Lien Non-UCC Filing		1				
ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS 10101 Market Street Suite B100  CITY Rothschild  CITY Rothschild  COUNTRY  USA  COUNTRY  USA  COUNTRY  USA  COUNTRY  STATE POSTAL CODE 5.4474  COUNTRY  USA  COUNTRY  USA  COUNTRY  USA  COUNTRY  USA  COUNTRY  USA  COUNTRY  A 74 M  M 94  SC 94  E N  Check poly if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative  a. Check goly if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  COUNTRY  USA  SY  POSTAL CODE 5.4474  USA  SY  POSTAL CODE 5.4474  USA  SY  P 2  S N  M 94  SC 9  E N  INT  INT  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  COUNTRY  USA  SY  P 2  S N  M 94  SC 9  E N  INT  INT  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  COUNTRY  USA  SOL 474  STATE  COUNTRY  USA  SY  SOL 9  E N  INT  INT  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  COUNTRY  USA  SOL 474  STATE  COUNTRY  USA  SOL 474  STATE  SOL 474  S	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Prov	vide only <u>one</u> Securital	Party name (3a or 3	0)	
2. MAILING ADDRESS 10101 Market Street Suite B100 CITY Rothschild STATE VID STATE VID STATE SA474 CODE SA474 USA  COLLATERAL: This financing statement covers the following collateral: MARTESE L JONES MARTESE L JONES 7330 THORNWOOD ST HANOVER PARK, IL 60133  P 2  S M M 9  SC 9  E N  Check golly if applicable and check golly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative  a. Check golly if applicable and check golly one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Agricultural Lien Non-UCC Filing	3a. ORGANIZATION'S NAME Foundation Finance Company	LLC		1,		
E. MAILING ADDRESS 10101 Market Street Suite B100 CITY Rothschild STATE VISA  COLLATERAL. This financing statement covers the following collateral:  MARTESE L JONES 7330 THORNWOOD ST HANOVER PARK, IL 60133  P 2  S M M 9  SC 9  E N  Check gnly if applicable and check gnly one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative  6b. Check gnly if applicable and check gnly one box:  Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing						
Rothschild  Rothsc	R	FIRST PERSONA	NAME	ADDITION OF THE PROPERTY OF TH	NAL NAME/S)/INITIAL(S)	TSUEEIX
ACheck only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)  a. Check only if applicable and check only one box:  Dublic-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility  Agricultural Lien Non-UCC Filing	R 35. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative a. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction   A Debtor is a Transmitting Utility   Agricultural Lien   Non-UCC Filing   Non-UCC Filing   Agricultural Lien   Non-UCC Filing   Non-UCC Filing	35. INDIVIDUAL S SURNAME	CITY	L NAME	STALE	POSTAL CODE	COUNTRY
. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative a. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction   A Debtor is a Transmitting Utility   Agricultural Lien   Non-UCC Filing   Non-UCC Filing   Agricultural Lien   Non-UCC Filing   Non-UCC Filing	COLLATERAL: This financing statement covers the following collateral: ROOF INSTALLED ONTO HOME MARTESE L JONES 7330 THORNWOOD ST	CITY	L NAME	STALE	POSTAL CODE 5/14/74	COUNTRY
a. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction   A Debtor is a Transmitting Utility   Agricultural Lien   Non-UCC Filling   Non-UCC F	COLLATERAL: This financing statement covers the following collateral: ROOF INSTALLED ONTO HOME MARTESE L JONES 7330 THORNWOOD ST	CITY	L NAME	STALE	POSTAL CODE 5/14/74	S 7 P 2 S N M 4
a. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction   A Debtor is a Transmitting Utility   Agricultural Lien   Non-UCC Filling   Non-UCC F	COLLATERAL: This financing statement covers the following collateral: ROOF INSTALLED ONTO HOME MARTESE L JONES 7330 THORNWOOD ST	CITY	L NAME	STALE	POSTAL CODE 5/14/74	S 7 P 2 S N M 4
ia. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction   A Debtor is a Transmitting Utility   Agricultural Lien   Non-UCC Filling   Non-UCC	COLLATERAL: This financing statement covers the following collateral: ROOF INSTALLED ONTO HOME MARTESE L JONES 7330 THORNWOOD ST	CITY	L NAME	STALE	POSTAL CODE 5/14/74	S 7 P 2 S N M 4
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing	COLLATERAL: This financing statement covers the following collateral: ROOF INSTALLED ONTO HOME MARTESE L JONES 7330 THORNWOOD ST	CITY	L NAME	STA E	POSTAL CODE 54474	S Y S N N H SC Y E N
	E. MAILING ADDRESS 10101 Market Street Suite B100  COLLATERAL: This financing statement covers the following collateral:  ROOF INSTALLED ONTO HOME  MARTESE L JONES  7330 THORNWOOD ST  HANOVER PARK, IL 60133	CITY Rothschild		STA E	POSTAL CODE 5.4474	COUNTRY USA  S 7 P 2 S N M 4 SC 7 E N INT 1
	Check only if applicable and check only one box: Collateral is held in a Trus a. Check only if applicable and check only one box:	CITY Rothschild	17 and Instructions)	being administe	POSTAL CODE 5.4474  ered by a Decedent's Person if applicable and check only	COUNTRY USA  S 9  P 2  S N  M 9  SC 9  INT 9
	Check only if applicable and check only one box: Collateral is held in a Trus a. Check only if applicable and check only one box:	city Rothschild  it (see UCC1Ad, item A Debtor is a	17 and Instructions)	being administe	POSTAL CODE 5.4474  ered by a Decedent's Persor if applicable and check only tural Lien Non-UCC	COUNTRY USA  S 9  P 2  S N  M 9  SC 9  INT 9

2026822074 Page: 2 of 2

## **UNOFFICIAL COPY**

**UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME 9b, INDIVIDUAL'S SURNAME JONES FIRST PERSONAL N/ 4E **MARTESE** ADDITIONAL NAME(S)/INIT' AL(S SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 1 b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of ".e Or. tor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME 10b, INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE STATE 10c. MAILING ADDRESS ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME of 11a, ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTRY STATE CITY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): OFFICE 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): MARTESE L JONES LOT 79 IN HANOVER GARDENS,A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 25 TOWNSHIP 41 NORTH, 7330 THORNWOOD ST RANGE 9. EAST OF THE THIRD PRINCIPAL MERIDIAN, IN HANGOVER PARK, IL 60133 COOK COUNTY ILLINOIS.APN:06-25-404-004-0000 Munic/Township:HANOVER Township-Range-Sect:41-9E-25 17. MISCELLANEOUS: